

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 560 084

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1	1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	2		1			
20	2		1			
21	2		1			
22	2		1			
23	2		1			
24	2		1			
25	2		1			
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	2		1			
34	2		1			
35	2		1			
36	2		1			
37	2		1			
38	2		1			
39	2		1			
40	2		1			
41	2		1			
42	2		1			
43	2		1			
44	2		1			
45	2		1			
46	2		1			
47	2		1			
48	2		1			
49	1		1			
50	1		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52						
53	1					
54	1					
55						
56	1					
57	2		1			
58	2		1			
59	2		1			
60	2		1			
61	2		1			
62	2		1			
63	2		1			
64	2		1			
65	2		1			
66	2					
67	2					
68	2					
69	2					
70	2					
71	1					
72	1					
73	1					
74	1					
75	1					
76	1					
77	1					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						